	First Do	iy of
S NAME	CH(DL
NAME: GRADE:		
TEACHER:		
SCHOOL:		
FAVORITES		
FOOD:	GAME:	THIS IS ME
COLOR:	MOVIE:	
BOOK:	ACTIVITY:	A MEMORY FROM THIS SUMMER
HEIGHT	MY BEST FRIEND(S)	
SOMETHING I LOC	OK FORWARD TO THIS YEAR IS	WHEN I GROW UP I WANT TO BE
MY SIGNATURE		

COPYRIGHT © 2022 BECCAREN.COM ALL RIGHTS RESERVED